Please type a plus sign (+) inside this box	+	

## UTILITY PATENT APPLICATION TRANSMITTAL

	PTO/SB/05 Revised (11-00)							
Attorney Docket No.			36737.187755	`				
First Inventor Gunnar HESKI			nnar HESKESTAD					
ROOF AIR MAKE-UP FOR EXHAUST OF FIRE SMOKE								

rst Inventor Gunnar HESKESTAD	
ROOF AIR MAKE-UP FOR EXHAUST OF FIRE SMOKE	
press Mail Label No.	

(Only for ne	w nonprovisional	applications under 3	7 C.F.R. 1.53(b))	Express Mail L	abel No.				_
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.					ASSISTANT Commissioner for Patents  Box Patent Application Washington, DC 20231				
1. A Fee (Si	ee Transmittal F  ubmit an original and  pplicant claims see 37 CFR 1.27  pecification  referred arrangem  pescriptive title of cross References  fattement Regard  Reference to seque  or a computer prograck  Background of the  Brief Description of  Detailed Description  Claim(s)	3/17) essing)  I Pages 11 ] ons & D	8. Nucle (if ap) a. ☐ b. Spe i. ☐ ii. [	computer Protide and/o oficable, all Computer Fedification S CD-ROM paper Statements  ACCOMP  Assignme 37 C.F.R.§ (when the	CD-R rogrammer Amin neces: Readath requent or CD-s verifyint Papy \$3.73(t) re is an	in duplication (Appendia (	e, large table or  x) quence Submission  CRF) on: es); or y of above copies  CATIONS PARTS  sheet & document(s)) ent  Power of e) Attorney	1 3 11 80816	
- Claim(s)						losure /PTO-1449 rndment Postcard (I ifically iter f Priority D ty is claime ritification licant mus w and in a ulication No: Unit: Lich an oal	Copies of IDS Citations  MPEP 503)  mized) nocument(s) ed) under 35 U.S.C. 122 et attach form PTO/SB/35  preliminary amendment,		
under Box 5 The incorpo	b, is considered ration can only b	a part of the disclo	a portion has been	inadvertently (	omitted from	the su	bmitted ap	y incorporated by reference. plication parts.	$\dashv$
⊠ Custorr	20. CORRESPONDENCE ADDRESS   ✓ Customer Number or Bar Code Label  PATENT TRADEMARK OFFICE   Or ☐ Correspondence address below								
Name	Name VENABLE								
Address	Address P.O. Box 34385								
City	Washington		State		D.C. Z		Code	20043-9998	
Country	Country U.S.A . Telephone			202-962-4800 Fax 202-962-8300			202-962-8300		
Name (Pr	int/Type)	John P. Shannon		Registration	n No. (Atto	mey/A	gent)	29,276	
Signature	<	John P.	Shannor	1			Date	10-21-03	

PC Docs No. 493168V1



PTO/SB/17 (10-02)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **FEE TRANSMITTAL** for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

810

TOTAL AMOUNT OF PAYMENT

Complete if Known					
Application Number	To be assigned				
Filing Date	October 21, 2003				
First Named Inventor	Gunnar HESKESTAD				
Examiner Name	To be assigned				
Group / Art Unit	To be assigned				
Attorney Docket No.	36737-187755				

MET	METHOD OF PAYMENT (check all that apply)  FEE CALCULATION (continued)								
				3. ADDITIONAL FEES					
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order				Large	Entity	Small	Entity		
				Fee Code	Fee (\$)	Fee Code	Fee (\$)	ree Description	ee Paid
Deposit	22-0161			1051	130	2051	65	Surcharge - late filing fee or oath	
Account Number	22-0101			1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit	VENABLE	ATTORNEYS AT LAW		1053	130	1053	130	Non-English specification	
Account Name	VENABLE A			1812	2,520	1812	2,520	For filing a request for reexamination	
The Commission	er is authori	zed to: (check all that apply)		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge any add	ndicated belo ditional fee(s	ow 🛮 Credit any overpayments ) under 1.16 or 1.17 during pendency of	of	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
this application	ndicated belo	ow, except for the filing fee		1251	110	2251	55	Extension for reply within first month	
to the above-ident	ified deposit	account.		1252	400	2252	200	Extension for reply within second month	
	FEE	CALCULATION		1253	920	2253	460	Extension for reply within third month	
BASIC FIL Large Entity	ING FEE Small Entity			1254	1,440	2254	720	Extension for reply within fourth month	
	Fee Fee	Fee Description		1255	1,960	2255	980	Extension for reply within fifth month	
1 3323 (1)	Code (\$)	Fee Paid	$\neg$	1401	320	2401	160	Notice of Appeal	
1 ,00	2001 370	Utility filing fee 770	$\dashv$	1402	320	2402	160	Filing a brief in support of an appeal	
1 1002	2002 165	Design filing fee	$\dashv$	1403	280	2403	140	Request for oral hearing	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2003 255 2004 370	Plant filing fee  Reissue filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160	2005 80	Provisional filling fee		1452	110	2452	55	Petition to revive – unavoidable	
]		OTAL (1) (\$) 770	$\neg$	1453	1,280	2453	640	Petition to revive – unintentional	
	SUBTO	OTAL (1) (\$) 770		1501	1,280	2501	640	Utility issue fee (or reissue)	
2. EXTRA CLAIN	M FEES			1502	460	2502	230	Design issue fee	
1		Extra Fee from Fee		1503	620	2503	310	Plant issue fee	
l		Claims below Paid	$\neg$	1460	130	1460	130	Petitions to the Commissioner	
Total Claims 19	-20 **	= 0 X = 0	=	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
Independent Claims 3	-3 **	= 0 X = 0		1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent	ı Small E	X = 0		8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40
Large Entity Fee Fee	Fee	Fee Fee Description		1809	740	2809	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
Code (\$) 1202 18	2202	9 Claims in excess of 20		1810	740	2810	370	For each additional invention to be	1
1202 18	2202	42 Independent claims in excess of	3					examined (37 CFR § 1.129(b))	
1203 280	2203	140 Multiple dependent claim, if not		1801	740	2801	370	Request for Continued Examination (RCE)	
1204 84	2204	** Reissue independent claims original patent		1802	900	1802	900	Request for expedited examination of a design application	
1205 18	2205	** Reissue claims in excess of 2	0 and			•		or a design appropria	
1205 18	2200	over original paterit	_	Other	fee (spec	ify)	_		
		SUBTOTAL (2) (\$) 0		*Red	uced by E	Basic Fil	ing Fee	Paid SUBTOTAL (3) (\$) 40	)
**or number pre	eviously paid	, if greater; For Reissues, see above							

				Co	omplete (if applicable)
SUBMITTED BY	John P. Shannon	Registration No. Attorney/Agent)	29,276	Telephone	(202) 344-4000
Name (Print/Type)	0010	mnon		Date	10-21-03
Signature	1 Amo / YW	VIVIOI			



WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. SEND TO: Commissioner for Patents, Washington, DC 20231.